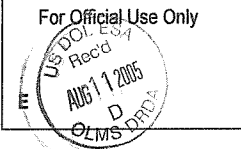


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
|---|--|
| 1. File Number U - <u>5862</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>   |
| 3. Name and address of person filing.<br>Name <u>Robert</u> P <u>Allen</u><br><br>P.O. Box, Bldg., Room No., if any <u>P. O. Box 37</u><br><br>Street <u>726 Reservoir Road</u><br><br>City <u>Grassflat</u><br><br>State <u>Pennsylvania</u> ZIP Code + 4 <u>16839</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Ironworkers Local #772 AFL-CIO</u><br><br>Labor Organization File Number <u>023-778</u><br><br>P.O. Box, Building and Room Number, if any <u>P. O. Box 1472</u><br><br>Street <u>1402 Leonard Street</u><br><br>City <u>Clearfield</u><br><br>State <u>Pennsylvania</u> ZIP Code + 4 <u>16830-1472</u> |
| 5. Position in labor organization. <u>Fin. Sec'y, Treas., Bus. Mgr.</u>   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|   |  |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income.<br><br>_____<br><br>7.b. Amount.<br><br>_____ |

### Signature

|  |                  |                     |
|--|------------------|---------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                  |                     |
| Signed <u>Robert P. Allen</u>  | On <u>8-5-05</u> | <u>814-345-5195</u> |
|  | Date             | Telephone Number    |

|                                    |                |
|------------------------------------|----------------|
| Name of Person Filing Robert Allen | File Number U- |
|------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|  |   |
|--|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name IRON WORKERS OF W. PA EMPLOYERS ASSOC.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2270 Noblestown Road</p> <p>City PITTSBURGH</p> <p>State Pennsylvania ZIP Code + 4 15205</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>A JOINT EFFORT TO ENSURE PRODUCTIVE, SAFE AND DRUG FREE WORK SITES. ALSO, PROMOTE TRAINING THROUGH THE JOURNEYMAN UPGRADING &amp; APPRENTICESHIP PROGRAMS.</p> <p>BUSINESS DINNER - \$62.00</p> <p>BOX OF CANDY - \$26.00</p> <p>11.b. Approximate dollar value of such dealing. \$88</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

|   |   |
|---|---|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  |   |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

Union Trustee Representing Iron Workers Local Union #772 Benefit Fund Interest

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Trustee Mtg. 01/08/2004, 01/09/2004  
Trustee Mtg. 04/08/2004  
Trustee Mtg. 05/27/2004  
Trustee Mtg. 07/23/2004  
Trustee Mtg. 11/05/2004  
Educational Conference 06/12/2004-06/17/2004

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

|                                    |                |
|------------------------------------|----------------|
| Name of Person Filing Robert Allen | File Number U- |
|------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |  |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State Pennsylvania ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Iron Workers Appr. Tr. &amp; Journ. Upgrading</p> <p>Trade Name, if any: Iron Workers Local #772</p> <p>P.O. Box, Bldg., Room No., if any PO Box 1472</p> <p>Street 1402 Leonard Street</p> <p>City Clearfield</p> <p>State Pennsylvania ZIP Code + 4 16830-1472</p>     | <p>11.a. Nature of such dealing.</p> <p>UNION TRUSTEE TO THE APPRENTICESHIP TRAINING PROGRAM<br/>ADVANCING THE SKILLS OF THOSE BEING TRAINED FOR<br/>JOURNEYMAN STATUS</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>REIMB. FOR EXPENSES INCURRED AT DISTRICT COUNCIL<br/>SPONSORED APPR. CONTEST-YOUNGSTOWN, OH (5/14 TO<br/>5/15/04) AND INT'L APPR. CONTEST &amp; CONFERENCE IN S.<br/>F. CA (9/9 TO 9/16/04) MEALS, TRANS., DAILY EXPENSES,<br/>FAXES, MILEAGE AND TOLLS</p> <p>12.b. Amount. <input type="text"/> \$1,280</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

|  |   |
|--|---|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <p><input type="text"/></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>   | <p>14.b. Amount of payment. <input type="text"/></p>        |